

Is it safe for me to have a steroid injection into my back?

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The British Association Spinal Surgeons (BASS) GROUP have developed rapid guidance on this issue, 20 March 2020. These guidelines state that any patient at higher risk from COVID-19 should not be offered a steroid injection at this time. If a patient is not in one of these higher risk groups and screen negative for COVID-19 they can make a joint decision with their doctor whether to proceed.

Information gem

- *Steroids for back pain are not clinically urgent and should not be done*
- *Steroids for radicular pain (pain radiating to a patient's leg) may still be done depending on clinical need.*
- *Steroids do slightly reduce the immune system temporarily, so the decision to use them will be carefully made on a case by case basis.*

References



— Steroid Injections

This document outlines guidance on the use of steroid injections for radicular pain. Steroid injections for back pain are not clinically urgent and should not be performed at this time.

Steroid injections are a routine part of spinal intervention for radiculopathy. Although there is no clear evidence in the literature that steroid injections can increase the likelihood of acquiring COVID 19 or increasing the severity, we do know that steroids will reduce your immunity for short period of time.

Every clinician should take each patient as an individual and make a fully informed decision on care and treatment plans in their best interests.

The guidance below is only an outline and each clinician and patient will need to make their own decision.

– Guidance

Any patient who is at higher risk from COVID 19 and have been asked to implement social distance measures **SHOULD NOT** be offered a steroid injection.

The list of such conditions / patients are as follows:

- aged 70 or older (regardless of medical conditions)
- under 70 with an underlying health condition listed below (ie anyone instructed to get a flu jab as an adult each year on medical grounds):
 - chronic (long-term) respiratory diseases, such as [asthma](#), [chronic obstructive pulmonary disease \(COPD\)](#), emphysema or [bronchitis](#)
 - chronic heart disease, such as [heart failure](#)
 - [chronic kidney disease](#)
 - chronic liver disease, such as [hepatitis](#)
 - chronic neurological conditions, such as [Parkinson's disease](#), [motor neurone disease](#), [multiple sclerosis \(MS\)](#), a learning disability or cerebral palsy
 - [diabetes](#)
 - problems with your spleen – for example, [sickle cell](#) disease or if you have had your spleen removed
 - a weakened immune system as the result of conditions such as [HIV and AIDS](#), or medicines such as [steroid tablets](#) or [chemotherapy](#)
 - being seriously overweight (a body mass index (BMI) of 40 or above)
 - those who are pregnant
 - people who have received an organ transplant and remain on ongoing immunosuppression medication
 - people with cancer who are undergoing active chemotherapy or radiotherapy
 - people with cancers of the blood or bone marrow such as leukaemia who are at any stage of treatment
 - people with severe chest conditions such as cystic fibrosis or severe asthma (requiring hospital admissions or courses of steroid tablets)
 - people with severe diseases of body systems, such as severe kidney disease (dialysis)

All other patients should be screened to ensure that they have no current symptoms such as fever or persistent cough or any exposure to a known COVID 19 case.

If the patient has no risk factors and through screening has no potential symptoms they should be informed that steroids do temporarily reduce the immune system slightly and as a result there may be an increased risk of contracting COVID 19.

A joint decision can then be made and fully documented as to whether to proceed with the procedure or not. If a decision is taken not to proceed, alternatives can be discussed.

Any patient who does undergo a steroid injection and develops symptoms should self-isolate and follow NHS guidance.

— NSAIDS

There is some literature suggesting NSAIDs may increase complications from acute respiratory infections or slow recovery. However the evidence is not conclusive.

There appears to be no evidence that NSAIDs increase the chance of acquiring Covid-19. In view of the current lack of clarity, it is therefore suggested that in the interim that new patients presenting with spinal conditions should NOT be commenced on NSAIDS. Other alternative medications should be considered first line at this time.